

## ORGANIC LIVESTOCK PRODUCTION SYSTEM PLAN

SECTION 1: GENERAL INFORMATION			NOP Rule 205.406(a)(2) and 205.401(b)	
Name	<i>Farm Name</i>	Type of Livestock	<b>For Office Use Only</b>	
			Date received	
Address		City	Date reviewed	
State	County	Postal/Zip Code	Reviewer	
Phone		Secondary Phone		Fax
E-Mail		New Applicant <input type="checkbox"/>	Renewal Applicant <input type="checkbox"/>	Organic Certification No.
List previous organic certification by other agencies			List current organic certification by other agencies	
Have you ever been denied Certification? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, describe the reasons for denial and attach documentation of corrective actions.		
Preferred dates and time for inspection visit: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening				
Directions to farm:				

SECTION 2: MINOR NON-COMPLIANCES		NOP Rule 205.406(a)(3)
Did you have any minor non-compliances from last year's certification? <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, please complete the following table, listing each minor non-compliance.		
<b>Minor Noncompliance</b>	<b>Describe how you addressed the minor noncompliance.</b>	

**SECTION 3. LIVESTOCK INVENTORY DESCRIPTIONS****NOP Rule 205.236**

1. Provide the following information for the types of animals being raised for organic meat, dairy, and/or poultry production for this year. Quantity refers to the number of animals or birds currently being raised. (If necessary, use additional sheets.)

**Meat Production (Beef, Pork, Sheep and Goat)**

Species	Breed	Quantity	Source of Stock (Name)	Source of Stock (Address)	Split-operation * (X)

**Dairy Production (Milk and Milk Products)**

Species	Breed	Quantity	Source of Stock (Name)	Source of Stock (Address)	Product	Split-Operation * (X)

**Poultry Production (Meat and Eggs)**

Species	Quantity	Meat (X)	Eggs (X)	Source of Birds (Name)	Source of Birds (Address)	Split-operation * (X)

**\* If you raise both organic and non-organic livestock, describe your method to prevent co-mingling of organic and non-organic livestock.**

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**SECTION 3. ORIGIN of ORGANIC LIVESTOCK****NOP Rule 205.236**

You must be able to verify that your organic livestock, or products from organic livestock, have been continuously managed in an organic system no later than the last third of gestation, with the following exceptions: Poultry must be organic from no less than 2<sup>nd</sup> day of life; and milk and milk products may be sold as organic from dairy cows that have been managed organically 1 year prior to sale, or were converted under the 12 month total herd conversion rule.

<b>Purchase Date</b>	<b>Animal Offspring ID #</b>	<b>Purchased from: (Name)</b>	<b>Purchased from: (Address)</b>	<b>Certified when Purchased? Certifier Name</b>	<b>If not certified, Date of organic management</b>	<b>If Bred, Herd Name/ #</b>	<b>If Bred, Mother ID #</b>	<b>If Bred, Freshening Date</b>	<b>Disposition: Animal/ Off-Spring</b>	<b>Date of Disposition</b>

**A. Feed must be from agricultural products that 100% organically produced, including forages. Synthetic vitamins and minerals sufficient to provide necessary nutrients, as defined by the National Research Council (NRC) and outlined in the American Association of Feed Control Officials (AAFCO) manual may be added, but must meet the NOP National List standards.**

List the quantity of each feed ration: forages and pastures, grains, silage, and feedstuffs, including roughage, concentrates and supplements) used during the last 12-month period and note whether feed was home grown or purchased. (Use additional sheets if necessary)

Feed Name	Organic (X)	Non-Organic (X)	Annual Quantity (Tons)	Source (Purchased From)	Certificate On File (X)	Home Grown Date

## B. SUPPLEMENTATION

List all synthetic or non-synthetic vitamins, minerals, or other nutritives that have been provided, and indicate if organic or conventional: (*Attach labels*):

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List any supplements or additives that have been provided, and indicate if organic or conventional: (*Attach labels*):

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A. Describe methods used to prevent or maintain livestock health; **including, but not limited to species selection, provision of feed rations sufficient to meet nutritional needs, exercise and appropriate shelters. Administration of vaccines must be maintained, and parasiticides may be given under restricted conditions. Antibiotics are never allowed to be given to livestock to be sold as organic products, but must not be withheld from a sick animal. If antibiotics are given, the animal must be identified and sold as conventional stock.**

B. Check the diseases and/or pests that have afflicted your animals and list the treatments currently being used, and any future treatments, if different.

### Bovine, Swine, Sheep and Goat

Disease/Pest	X	Specific Ailment	Past/Present Treatment Method	Planned Treatment Strategy for Organic Production
Diarrhea				
External parasites				
Eye problems				
Foot or hoof problems				
Internal parasites				
Mastitis				
Mouth or teeth problems				
Poisonings or toxins				
Reproductive disorders				
Respiratory diseases				
Skin or Coat problems				
Skin or Feather problems				
Trauma (cuts, puncture wounds)				
Other Diseases (List)				

**SECTION 6. LIVESTOCK LIVING CONDITIONS****NOP Rule 205.239**

<b>Living Conditions</b>	<b>Compliant (X)</b>	<b>Non-Compliant (X)</b>	<b>Justification for Non-Compliance</b>
Access to Outdoors			
Shade or Shelter			
Direct Sunlight Suitable to Species			
Spacing Sufficient for Exercise, Comfort Behaviors, or Well-Being			
Access to Pasture for Ruminants			
Appropriate Clean Bedding			
Temporary Confinement*			
Manure Management Plan **			

**\* If Temporary Confinement, you must document conditions that would verify justifiable reasons:**

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**\*\* Manure Management Plan must have documentation of no contamination from manure waste of crops, soil, or water by plant nutrients, heavy metals, or pathogenic organisms, and optimizes recycling of nutrients.**

**SECTION 6. RECORDKEEPING****NOP Rule 205.103**

You will need to provide sufficient record keeping to verify that you maintain the integrity of the organic livestock and livestock products. **Please have records available for the organic inspector, documenting last year's production and sales records to verify audit trail.**

How do you identify the organic stock? Ear tag? ☐ Branded ☐ Other If Other, please describe:

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**What records do you maintain to verify organic integrity?**

Purchase receipts for all livestock	YES (X)	NO (X)
Purchase receipts for all input materials used for forage production		
Purchase receipts for all feed ration ingredients		
Non-GMO documentation for all vitamin and mineral supplements		
Purchase receipts for all health care products		
Birth records for all livestock		
Weight records of slaughter animals		
Medication records, including date, dosage, source		
Non-GMO documentation for all vaccines		
Documentation that all livestock given antibiotics are removed from organic herd/ flock		
Sales records for all livestock and livestock products *		

**\* You will need to document sales from all organic livestock and livestock products to complete the audit trail. Sales of the livestock and products must be traceable from point of sale back to purchase/birth of the animal through some form of lot numbering system.**

Give example of lot numbering system \_\_\_\_\_

***I hereby state that all information that I have supplied in this application has been completely and accurately submitted to the best of my ability.***

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_